

G Mullis

**NATIONAL INSTITUTE FOR THE STUDY,
PREVENTION AND TREATMENT OF SEXUAL TRAUMA**

**SEXUAL DISORDERS PATIENTS - INDIVIDUAL TREATMENT PLAN
INSTRUCTIONS - EFFECTIVE JANUARY 1998**

1. *An Individual Treatment Plan (ITP) is completed by the therapists for each patient once each year in January.*
2. *The same form will be used each time. However, if the therapist is completing an ITP for a patient for the first time, a green copy will be used to indicate that this is the initial ITP. Yellow copies are used to complete subsequent ITPs.*
3. *Complete the patient's name, diagnoses, etc.*
4. *Under Overall Goals, Specific Objectives and Methods, circle each item that the patient needs to be working on over the next year.*
5. *The therapists can add specific information related to each goal in the sections marked "Therapist comments".*
6. *If the goal does not apply to the patient, note N/A in the section marked "Therapist comments".*
7. *The therapist will discuss the ITP with the patient.*
8. *The therapist will sign the ITP in the space indicated.*
9. *The patient will be allowed to write his/her comments in the space provided. He/she will be asked to sign same.*
10. *ITPs for all patients must be completed and forwarded to Denise Sawyer by March 31 of the current year.*
11. *These will then be forwarded to Dr. Berlin for his review and signature.*
12. *ITPs are then filed in the patients' medical records.*

FILE NAME: C:\WORD\FORMS\ITPS

000401

**NATIONAL INSTITUTE FOR THE STUDY, PREVENTION
AND TREATMENT OF SEXUAL TRAUMA
INDIVIDUAL TREATMENT PLAN - SEXUAL DISORDERS PATIENTS**

PATIENT'S NAME: GARY HULLIS (90w frequency)

DATE ITP COMPLETED: 7.1.97

DATE OF FIRST GROUP ATTENDANCE: _____

THERAPIST: KUHNAMECK

PATIENT'S LIVING ARRANGEMENTS: Lives w Father

CONTACT PERSON (OPTIONAL): _____

CURRENT MEDICATIONS: NONE

COLLATERAL TREATMENT: NONE

LEGAL STATUS: Probation

DIAGNOSIS - AXIS I: Pedophilia 3 type - non exclusive - #10 Adj. Dis. - depressed & anxious mood.

DIAGNOSIS - AXIS II: none

DIAGNOSIS - AXIS III: #10 hypertension

DIAGNOSIS - AXIS IV: economics, occupational, family.

DIAGNOSIS - AXIS V: 90

The following five point system is meant to be an estimate of how much progress has been achieved on each goal and to direct treatment for the next six months.

PRIMARY GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Discontinue inappropriate sexual behavior.</p> <p>1 2 3 4 ⑤</p> <p>No progress Much progress</p> <p>Rating by therapist</p>	<p>Admit to all inappropriate sexual behavior.</p> <p>Take responsibility for inappropriate sexual behavior.</p> <p>Disclose inappropriate sexual fantasies, attitudes and beliefs.</p>	<p>Personal Inventory</p> <p>✓ Ongoing self-disclosure</p> <p>Sexual history</p> <p>Presenting sexual history to group</p> <p>Individual/group discussion of responsibility</p>
Therapist comments: _____		

<p>2. Identify, challenge and change dysfunctional thinking patterns; e.g. denial, minimizations, etc.</p> <p>1 2 3 ④ 5</p> <p>No progress Much progress</p> <p>Rating by therapist</p>	<p>Identify defense mechanisms and thinking errors used to maintain dysfunctional thinking patterns.</p> <p>Reduce defensiveness which interferes with the therapy process.</p> <p>Revise cognitive distortions and dysfunctional thinking process and fantasies.</p> <p>Reduce inappropriate sexual arousal.</p>	<p>Individual/group therapy involving disclosure about assaultive/compulsive fantasies, thoughts and behaviors</p> <p>Personal Inventory</p> <p>Medication (as needed)</p> <p>✓ Rational-emotive therapy (identifying cognitive distortions and irrational thoughts and developing more realistic and healthy ways of perceiving and thinking</p> <p>Education on defense mechanisms, criminal thinking, rational-emotive therapy, etc.</p> <p>Medication as needed</p>
<p>Therapist comments:</p>		

<p>3. Identify inappropriate sexual behavior pattern/cycle.</p> <p>1 2 3 ④ 5</p> <p>No Progress Much Progress</p> <p>Rating by therapist</p>	<p>Identify precursors to inappropriate sexual behavior (attitudes, emotions, thoughts, behaviors).</p> <p>Identify non-sexual motivations underlying inappropriate sexual behavior.</p> <p>Identify situational factors which may have contributed to inappropriate sexual behavior.</p> <p>Identify inappropriate sexual behavior and post-inappropriate sexual behavior thinking and behavior in detail.</p> <p>Disclose and discuss sexual fantasies, use of erotica, etc.</p>	<p>Education on sexual disorders, paraphilias</p> <p>✓ Individual/group therapy (practice ongoing self-disclosure, receiving/integrating feedback, listening to others, giving feedback)</p> <p>Sexual history</p> <p>✓ Develop list of triggers.</p> <p><i>ongoing process</i></p>
<p>Therapist comments:</p>		

<p>4. Develop victim empathy and understanding of consequences of behavior.</p> <p>1 2 3 4 ⑤</p> <p>No progress Much progress</p> <p>Rating by therapist</p>	<p>Demonstrate awareness of the impact of sexually inappropriate behavior upon victims.</p> <p>Build conscience; develop sense of guilt over wrongdoing.</p> <p>Make amends either indirectly or directly.</p> <p>Demonstrate ability to empathize with others.</p>	<p>Education on victim impact (lectures, video, reading, etc.)</p> <p>Individual/group therapy to discuss victim impact</p> <p>Explore one's inappropriate sexual behavior from the victim's perspective</p> <p>Letter to victim (if appropriate)</p> <p>Family Therapy (if appropriate)</p>
<p>Therapist comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

<p>Develop a relapse-prevention plan</p> <p>1 2 3 ④ 5</p> <p>No progress Much progress</p> <p>Rating by therapist</p>	<p>Identify high risk situations (both external and internal).</p> <p>Develop interventions to prevent progression to sexually inappropriate behavior.</p>	<p>Individual/group therapy addressing identification of high risk situations and development of interventions</p> <p>Relapse prevention education through lectures, workbooks, etc.</p> <p>Identify and develop a support system.</p> <p>Develop relapse-prevention strategies</p>
<p>Therapist comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

NOTE: The following are considered additional goals, methods and objectives for sex offender treatment programming. They may be necessary and appropriate for some patients. (Note N/A if not applicable to patient.)

ADDITIONAL GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Address chemical dependency issues through twelve step program or other professional substance abuse treatment program (for those who are chemically dependent).</p> <p>1 2 3 4 5 No progress Much Progress</p> <p>Rating by therapist.</p>	<p>Maintain abstinence from mood-altering chemicals.</p>	<p>Education about disease concepts of chemical dependency and other chemical dependency topics</p> <p>Chemical dependency therapy group</p> <p>Chemical dependency assignments; chemical history; list of consequences of one's abuse of chemicals; self-assessment; completion of first five steps of AA/NA</p> <p>Involvement in AA/NA</p> <p>Urine for toxicology</p> <p>Ongoing twelve step work</p> <p>Medications</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>2. Develop responsible, supportive relationships.</p> <p>1 2 3 4 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>Examine current relationships with peers and one's pattern of relating to others.</p> <p>Improve communication and relationship skills.</p>	<p>Education on the nature of healthy, supportive, non-exploitive and non-violent relationships.</p> <p>Form relationships with other community members.</p> <p>Demonstrate skills at conflict resolution</p> <p>Social skills training</p> <p>Assertiveness training</p> <p>Anger management training</p> <p>Sexuality education</p>
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Therapist comments: _____

3. Address family of origin work.

1 2 3 4 5
 No progress Much progress

Rating by therapist

Education on family of origin issues
(include incest, adult children of
alcoholics, etc.).

Explore dynamics in family of origin.

Become aware of and begin healing
process surrounding issues in one's
family of origin.Individual/group therapy involving
disclosure about family of origin and
history of personal victimizationFamily therapy if possible and
appropriateTherapist comments: _____

N/A

4. Address family/significant other
issues.

1 2 3 ④ 5
 No progress Much progress

Rating by therapist

Identify family/significant other
issues, family/significant other goals.Work toward building family
structure that will be supportive of
patient's treatment goals and will
allow confrontation of patient on
negative or high-risk behaviors.Improve communication patterns
within family, with significant other.Letters to family, concerned relatives
and friends✓ Discussion of family issues/significant
other in group therapy

Family therapy

Significant other/couples work

Therapist comments: _____

ADDITIONAL GOALS	SPECIFIC OBJECTIVES	METHODS
• IMPROVE SELF ESTEEM		GRP. TX. / support
• Continue to dev. healthy UNION.		" "
• Reconnect w son / union in tx. sessions.		" "

DISCUSSION OF TREATMENT PLAN WITH PATIENT

I have discussed this individual treatment plan with G. Hollis on 7/8/97.

The discussion included the therapeutic goals and the persons responsible for treatments.

[Signature]
Psychotherapist Signature

7.8.97
Date Signed

PATIENT COMMENTS:

IT IS MY DETERMINANT GOAL TO SHOW
MY EXTREM CONERN FOR MY INAPPROPRIATE ACTIVITY
FROM 5 YRS AGO, I STRONGLY FEEL I HAVE GOOD GOALS
AND STRONG MENTAL CAPACITY OF WHAT HAS
OCCURRED AND WILL CONTINUE TO SHOW MY STRONG
DISCONTENT WITH PAST FAILURES AND TO DEMONSTRATE
GOOD MORAL AND ETHICAL CHARACTER.

I have read and I understand this Individual Treatment Plan.

[Signature]
Patient Signature

7/8/97
Date Signed

[Signature]
Kate Thomas, R.N., Ph.D., Associate Director

7/19/97
Date Signed

[Signature]
Fred S. Berlin, M.D., Ph.D., Director

7/24/97
Date Signed

**NATIONAL INSTITUTE FOR THE STUDY, PREVENTION
AND TREATMENT OF SEXUAL TRAUMA
INDIVIDUAL TREATMENT PLAN - SEXUAL DISORDERS PATIENTS**

PATIENT'S NAME: GARY Hollis
 DATE ITP COMPLETED: 1.20.97
 DATE OF FIRST GROUP ATTENDANCE: 8.10.93
 THERAPIST: F. ARMAN
 PATIENT'S LIVING ARRANGEMENTS: Lives w/ Father
 CONTACT PERSON (OPTIONAL): _____
 CURRENT MEDICATIONS: none
 COLLATERAL TREATMENT: none
 LEGAL STATUS: Probation
 DIAGNOSIS - AXIS I: Pedophilia ☒ type. non exclusive. 4/0 Adj. Dis & depressed
 DIAGNOSIS - AXIS II: none ANXIOUS MOOD
 DIAGNOSIS - AXIS III: 4/0 hypertension
 DIAGNOSIS - AXIS IV: PRIMARY support gap. economic. occupational
 DIAGNOSIS - AXIS V: 80

The following five point system is meant to be an estimate of how much progress has been achieved on each goal and to direct treatment for the next six months.

PRIMARY GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
1. Discontinue inappropriate sexual behavior. 1 2 3 ④ 5 No progress Much progress Rating by therapist	✓ Admit to all inappropriate sexual behavior. ✓ Take responsibility for inappropriate sexual behavior. ✓ Disclose inappropriate sexual fantasies, attitudes and beliefs. <u>None noted</u>	Personal Inventory ✓ Ongoing self-disclosure Sexual history Presenting sexual history to group ✓ Individual/group discussion of responsibility
Therapist comments: <u>PT is in Remission</u>		

<p>2. Identify, challenge and change dysfunctional thinking patterns; e.g: denial, minimizations, etc.</p> <p>1 2 3 4 ⑤</p> <p>No progress Much progress</p> <p>Rating by therapist</p>	<p>Identify defense mechanisms and thinking errors used to maintain dysfunctional thinking patterns.</p> <p>Reduce defensiveness which interferes with the therapy process.</p> <p>Revise cognitive distortions and dysfunctional thinking process and fantasies.</p> <p>Reduce inappropriate sexual arousal.</p>	<p>Individual/group therapy involving disclosure about assaultive/compulsive fantasies, thoughts and behaviors</p> <p>Personal Inventory</p> <p>Medication (as needed)</p> <p>Rational-emotive therapy (identifying cognitive distortions and irrational thoughts and developing more realistic and healthy ways of perceiving and thinking</p> <p>Education on defense mechanisms, criminal thinking, rational-emotive therapy, etc.</p> <p>Medication as needed</p>
<p>Therapist comments: <i>pt continues to make gains in personal growth.</i></p>		

<p>3. Identify inappropriate sexual behavior pattern/cycle.</p> <p>1 2 3 4 ⑤</p> <p>No Progress Much Progress</p> <p>Rating by therapist</p>	<p>Identify precursors to inappropriate sexual behavior (attitudes, emotions, thoughts, behaviors).</p> <p>Identify non-sexual motivations underlying inappropriate sexual behavior.</p> <p>Identify situational factors which may have contributed to inappropriate sexual behavior.</p> <p>Identify inappropriate sexual behavior and post-inappropriate sexual behavior thinking and behavior in detail.</p> <p>Disclose and discuss sexual fantasies, use of erotica, etc.</p>	<p>Education on sexual disorders, paraphilias</p> <p>Individual/group therapy (practice ongoing self-disclosure, receiving/ integrating feedback, listening to others, giving feedback)</p> <p>Sexual history</p> <p>Develop list of triggers. <i>ongoing</i></p>
<p>Therapist comments:</p>		

<p>4. Develop victim empathy and understanding of consequences of behavior.</p> <p>1 2 3 4 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Demonstrate awareness of the impact of sexually inappropriate behavior upon victims.</p> <p>Build conscience; develop sense of guilt over wrongdoing. ✓</p> <p>Make amends either indirectly or directly. ✓</p> <p>✓ Demonstrate ability to empathize with others.</p>	<p>Education on victim impact (lectures, video, reading, etc.)</p> <p>Individual/group therapy to discuss victim impact</p> <p>Explore one's inappropriate sexual behavior from the victim's perspective</p> <p>Letter to victim (if appropriate)</p> <p>Family Therapy (if appropriate)</p>
<p>Therapist comments: <i>It is very unusual to be AWARE of Victim</i></p> <p><i>194444</i></p>		

<p>Develop a relapse-prevention plan</p> <p>1 2 3 4 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Identify high risk situations (both external and internal). ✓</p> <p>✓ Develop interventions to prevent progression to sexually inappropriate behavior.</p>	<p>Individual/group therapy addressing identification of high risk situations and development of interventions</p> <p>Relapse prevention education through lectures, workbooks, etc.</p> <p>✓ Identify and develop a support system.</p> <p>✓ Develop relapse-prevention strategies</p>
<p>Therapist comments:</p>		

NOTE: The following are considered additional goals, methods and objectives for sex offender treatment programming. They may be necessary and appropriate for some patients. (Note N/A if not applicable to patient.)

ADDITIONAL GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Address chemical dependency issues through twelve step program or other professional substance abuse treatment program (for those who are chemically dependent).</p> <p>1 2 3 4 5 No progress Much Progress</p> <p>Rating by therapist.</p>	<p>Maintain abstinence from mood-altering chemicals.</p>	<p>Education about disease concepts of chemical dependency and other chemical dependency topics</p> <p>Chemical dependency therapy group</p> <p>Chemical dependency assignments; chemical history; list of consequences of one's abuse of chemicals; self-assessment; completion of first five steps of AA/NA</p> <p>Involvement in AA/NA</p> <p>Urine for toxicology</p> <p>Ongoing twelve step work</p> <p>Medications</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>2. Develop responsible, supportive relationships.</p> <p>1 2 3 ④ 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Examine current relationships with peers and one's pattern of relating to others.</p> <p>✓ Improve communication and relationship skills.</p>	<p>Education on the nature of healthy, supportive, non-exploitive and non-violent relationships.</p> <p>Form relationships with other community members.</p> <p>Demonstrate skills at conflict resolution</p> <p>Social skills training</p> <p>✓ Assertiveness training</p> <p>Anger management training</p> <p>Sexuality education</p>
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Therapist comments:

*He has made gains in dating & Relationships
area which is hopeful.*

3. Address family of origin work.

1 2 3 4 5
No progress Much progress

Rating by therapist

Education on family of origin issues
(include incest, adult children of
alcoholics, etc.).

Explore dynamics in family of origin.

Become aware of and begin healing
process surrounding issues in one's
family of origin.

Individual/group therapy involving
disclosure about family of origin and
history of personal victimization

Family therapy if possible and
appropriate

Therapist comments:

N/A

4. Address family/significant other issues.

1 2 3 4 5
No progress Much progress

Rating by therapist

Identify family/significant other
issues, family/significant other goals.

Work toward building family
structure that will be supportive of
patient's treatment goals and will
allow confrontation of patient on
negative or high-risk behaviors.

Improve communication patterns
within family, with significant other.

Letters to family, concerned relatives
and friends

Discussion of family issues/significant
other in group therapy

Family therapy

Significant other/couples work

Therapist comments:

*He continues to focus on son's welfare
this is a primary concern.*

ADDITIONAL GOALS	SPECIFIC OBJECTIVES	METHODS
<i>Improve self esteem</i>		<i>grp. tx.</i>

DISCUSSION OF TREATMENT PLAN WITH PATIENT

I have discussed this individual treatment plan with GARY HULLIG on 2 / 11 / 97.
The discussion included the therapeutic goals and the persons responsible for treatments.



Psychotherapist Signature

2. 11. 97
Date Signed


PATIENT COMMENTS:

I CONTINUE TO WORK TO STRIVE TO SHOW
THAT MY SEXUAL FAILURE IN THIS DIRECTION WAS
VERY EMOTIONAL STRESSFUL FOR ME, IF IT HAD NOT
BEEN FOR THE SUPPORT AND CARING OF THE INSTITUTE
I WOULD HAVE BEEN FOR EVER LOST IN A WORLD
OF DESTRUCTION, I THANK GOD FOR PEOPLE CARING
I AM DETERMINED TO PROVE MY SINCERITY & HONESTY
IF GIVEN THE CHANCE TO SHOW I AM OF GOOD PERSONAL
CHARACTER

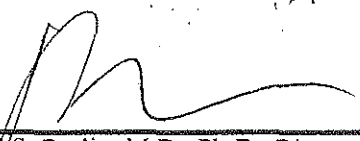
I have read and I understand this Individual Treatment Plan.


Patient Signature

2/11/97
Date Signed


Kate Thomas, R.N., Ph.D., Associate Director

3/1/97
Date Signed


Fred S. Berlin, M.D., Ph.D., Director

3-13-97
Date Signed

FILE NAME: CALOTUS/TP
REVISED 6/96

NATIONAL INSTITUTE FOR THE STUDY, PREVENTION AND TREATMENT OF SEXUAL TRAUMA INDIVIDUAL TREATMENT PLAN

PATIENT'S NAME: GARY MULLISDATE ITP COMPLETED: 8-7-96DATE OF FIRST GROUP ATTENDANCE: 8-10-939 WTHERAPIST: FuhrmanPATIENT'S LIVING ARRANGEMENTS: Lives w/ FatherCONTACT PERSON: FatherCURRENT MEDICATIONS: NoneCOLLATERAL TREATMENT: None

LEGAL STATUS: _____

DIAGNOSIS - AXIS I: Pedophilia ♂ type . Non Exclusive . Adj. Dis. & depressedDIAGNOSIS - AXIS II: None } ANXIOUS MOOD . CHRONICDIAGNOSIS - AXIS III: H/O hypertension .DIAGNOSIS - AXIS IV: Primary support gap . Social Environment . Occupational .DIAGNOSIS - AXIS V: 60

PRIMARY GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
1. Discontinue inappropriate sexual behavior.	Admit to all inappropriate sexual behavior. ✓	Personal Inventory
1 2 3 4 ⑤	Take responsibility for inappropriate sexual behavior. ✓	Ongoing self-disclosure
No progress Much progress	Disclose inappropriate sexual fantasies, attitudes and beliefs. ✓	Sexual history
Rating by therapist		Presenting sexual history to group
		Group discussion of responsibility
Therapist comments: <u>It is in remission</u>		

<p>2. Identify, challenge and change dysfunctional thinking patterns; e.g: denial, minimizations, etc.</p> <p>1 2 3 ④ 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Identify defense mechanisms and thinking errors used to maintain dysfunctional thinking patterns.</p> <p>✓ Reduce defensiveness which interferes with the therapy process.</p> <p>✓ Revise cognitive distortions and dysfunctional thinking process and fantasies.</p> <p>✓ Reduce inappropriate sexual arousal.</p>	<p>✓ Group therapy involving disclosure about assaultive/compulsive fantasies, thoughts and behaviors</p> <p>Personal Inventory</p> <p>Medication (as needed)</p> <p>✓ Rational-emotive therapy (identifying cognitive distortions and irrational thoughts and developing more realistic and healthy ways of perceiving and thinking</p> <p>✓ Education on defense mechanisms, criminal thinking, rational-emotive therapy, etc.</p> <p>Medication as needed</p>
<p>Therapist comments: <i>He continues to make gains in Personal growth. Motivation is quite good.</i></p>		

<p>3. Identify inappropriate sexual behavior pattern/cycle.</p> <p>1 2 3 ④ 5 No Progress Much Progress</p> <p>Rating by therapist</p>	<p>✓ Identify precursors to inappropriate sexual behavior (attitudes, emotions, thoughts, behaviors).</p> <p>✓ Identify non-sexual motivations underlying inappropriate sexual behavior.</p> <p>✓ Identify situational factors which may have contributed to inappropriate sexual behavior.</p> <p>✓ Identify inappropriate sexual behavior and post-inappropriate sexual behavior thinking and behavior in detail.</p> <p>✓ Disclose and discuss sexual fantasies, use of erotica, etc.</p>	<p>✓ Education on sexual disorders, paraphilias</p> <p>✓ Group therapy (practice ongoing self-disclosure, receiving/integrating feedback, listening to others, giving feedback)</p> <p>Sexual history</p> <p>✓ Develop list of triggers.</p>
<p>Therapist comments: <i>He continues to evaluate SAME & SOME SUCCESS.</i></p>		

<p>4. Develop victim empathy and understanding of consequences of behavior.</p> <p>1 2 3 4 ⑤ No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Demonstrate awareness of the impact of sexually inappropriate behavior upon victims.</p> <p>✓ Build conscience; develop sense of guilt over wrongdoing.</p> <p>✓ Make amends either indirectly or directly.</p> <p>✓ Demonstrate ability to empathize with others.</p>	<p>Education on victim impact (lectures, video, reading, etc.)</p> <p>Group therapy to discuss victim impact</p> <p>Explore one's inappropriate sexual behavior from the victim's perspective</p> <p>Letter to victim (if appropriate)</p> <p>✓ Family therapy (if appropriate)</p>
<p>Therapist comments: <i>It is very empathetic & remorseful.</i></p>		

<p>Develop a relapse-prevention plan</p> <p>1 2 3 4 ⑤ No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Identify high risk situations (both external and internal).</p> <p>✓ Develop interventions to prevent progression to sexually inappropriate behavior.</p>	<p>Group therapy addressing</p> <p>✓ identification of high risk situations and development of interventions</p> <p>Relapse prevention education through lectures, workbooks, etc.</p> <p>✓ Identify and develop a support system. (10 Texas on)</p> <p>✓ Develop relapse-prevention strategies</p>
<p>Therapist comments: <i>It is aware of RPP. options.</i></p>		

NOTE: The following are considered additional goals, methods and objectives for sex offender treatment programming. They may be necessary and appropriate for some patients. (Note N/A if not applicable to patient.)

ADDITIONAL GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Address chemical dependency issues through twelve step program or other professional substance abuse treatment program (for those who are chemically dependent).</p> <p>1 2 3 4 5 No progress Much Progress</p> <p>Rating by therapist.</p>	<p>Maintain abstinence from mood-altering chemicals.</p>	<p>Education about disease concepts of chemical dependency and other chemical dependency topics</p> <p>Chemical dependency therapy group</p> <p>Chemical dependency assignments; chemical history; list of consequences of one's abuse of chemicals; self-assessment; completion of first five steps of AA/NA</p> <p>Involvement in AA/NA</p> <p>Urine for toxicology</p> <p>Ongoing twelve step work</p> <p>Medications</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>2. Develop responsible, supportive relationships.</p> <p>1 2 3 ④ 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>✓ Examine current relationships with peers and one's pattern of relating to others.</p> <p>✓ Improve communication and relationship skills.</p>	<p>✓ Education on the nature of healthy, supportive, non-exploitive and non-violent relationships.</p> <p>Form relationships with other community members.</p> <p>✓ Demonstrate skills at conflict resolution</p> <p>Social skills training</p> <p>✓ Assertiveness training</p> <p>Anger management training</p> <p>Sexuality education</p>
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Therapist comments: He connects w others via online Radio events.
He needs to develop more peer friendships & venture
toward a dating relationship. He is ANXIOUS About rejection & failure.


<p>3. Address family of origin work.</p> <p>1 2 3 4 5 No progress Much progress</p> <p>Rating by therapist</p>	<p>Education on family of origin issues (include incest, adult children of alcoholics, etc.).</p> <p>Explore dynamics in family of origin.</p> <p>Become aware of and begin healing process surrounding issues in one's family of origin.</p>	<p>Group therapy involving disclosure about family of origin and history of personal victimization</p> <p>Family therapy if possible and appropriate</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>4. Address family/significant other issues.</p> <p>1 2 3 4 ⑤ No progress Much progress</p> <p>Rating by therapist</p>	<p>Identify family/significant other issues, family/significant other goals. ✓</p> <p>Work toward building family structure that will be supportive of patient's treatment goals and will allow confrontation of patient on negative or high-risk behaviors. ✓</p> <p>Improve communication patterns within family, with significant other. ✓</p>	<p>Letters to family, concerned relatives and friends</p> <p>Discussion of family issues/significant other in group therapy</p> <p>✓ Family therapy <u>2 son / Victim</u></p> <p>Significant other/couples work</p>
<p>Therapist comments: <u>It is very concerned for his son / victim. He is ANXIOUS to help the boy in anyway possible. It struggles in the loss of family. This is a very traumatic time for him.</u></p>		

ADDITIONAL GOALS	SPECIFIC OBJECTIVES	METHODS
<u>Improve self esteem</u>		<u>GRP Tx.</u>

DISCUSSION OF TREATMENT PLAN WITH PATIENT

I have discussed this individual treatment plan with GARY Mullis on 9 / 10 / 96.
The discussion included the therapeutic goals and the persons responsible for treatments.



Psychotherapist Signature

9/10/96
Date Signed


PATIENT COMMENTS:

I AM VERY PLEASED WITH THIS GROUP
I WISH I KNEW MORE ABOUT MY EARLY STAGES WHICH
WOULD HAVE BEEN VERY VALUABLE TO RECOGNIZE THESE
SYMPTOMS THANKS TO THE FINE STAFF FOR Caring

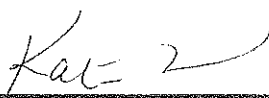
I have read and I understand this Individual Treatment Plan.


Patient Signature

9/10/96
Date Signed


Fred S. Berlin, M.D., Ph.D. - Director

9-22-96
Date


Kate Thomas, RN, Ph.D. - Assistant Director

9/21/96
Date Signed

FILE NAME: C:\LOTUS\TIP
REVISED 6/96

THE NATIONAL INSTITUTE FOR THE STUDY, PREVENTION
AND TREATMENT OF SEXUAL TRAUMA

SIX MONTH TREATMENT PLAN REVIEW

Patient Name MULLIS, GARY
Date 10-3-94
Therapist Fuhrmanek
Date of First Group Attendance
8-10-93

SIX MONTH UPDATE: (Include changes in diagnosis, sexual behavior status, living arrangements, medications, collateral treatment, frequency of attendance and legal status)

Pt. is currently incarcerated @ the Hays Co. Det. Ctr. for having sexually molesting his adopted son. He continues to attend group qw. Pt. is often ANXIOUS about his incarceration, but appears to adjust to same. He holds mild depression. Rx. is not indicated presently. His general status is stable. Pt. has D/C Tx. & LCSW. He has a P.H. 1195. He is not Rx. Meds. from this ctr..

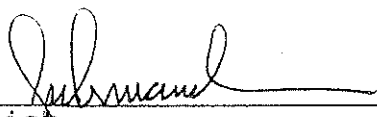
EVALUATION OF GOALS:

GOAL#	GOAL	OUTCOME
* 1.	Pt. continues to control sexual behavior	good
* 2.	Pt. continues to increase awareness of triggers etc.	good
* 3.	Pt. continues to gain awareness of his sex. Abuse	FAIR.
* 4.	Pt. attempts to develop a relationship & step son	FAIR.

000421

GOALS TO BE ADDRESSED IN THERAPY NEXT SIX MONTHS:

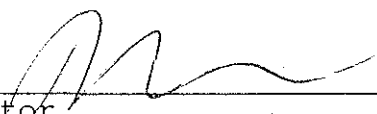
GOAL #	GOAL	TARGET DATE
* 1.	(See eval of goals 1 to 4)	5.95
2.	To build self esteem & self worth.	5.95
3.	To help Pt. build social/peer support groups upon Release.	5.95
4.	To support Pt. in securing stable employment.	5.95


Therapist

10.3.94
Date


Assistant Director

11/20/94
Date


Director

11/21/94
Date

THE NATIONAL INSTITUTE FOR THE STUDY, PREVENTION
AND TREATMENT OF SEXUAL TRAUMA

SIX MONTH TREATMENT PLAN REVIEW

Patient Name Mullis, Gary
Date 1.16.96
Therapist Fuhrman
Date of First Group Attendance
8.10.93

SIX MONTH UPDATE: (Include changes in diagnosis, sexual behavior status, living arrangements, medications, collateral treatment, frequency of attendance and legal status)

R is again living in family. He has secured F/T employment @ [REDACTED] continues to explore a position in dispatching (Fire, Law enforcement) w/o success. He will begin supervised sessions w/ adopted son & boys therapist soon. He is on probation. R continues Tx. qur. there remains a mild dysthymia - chronic pattern; which generally doesn't interfere w/ his ability to function. He continues to struggle w/ self worth & wants to develop a healthy dating union.

EVALUATION OF GOALS:

GOAL#	GOAL	OUTCOME
1.	To improve self worth.	Poor to Fair
2.	To build peer support groups.	Poor to Fair
3.	To secure stable employment.	Good.
4.	To develop a relationship w/ step son / victim.	Poor.
5.	To gain awareness of his sexual abuse.	Fair.
6.	To control inappropriate sexual acts & ↑ awareness of triggers.	Good.

000423

GOALS TO BE ADDRESSED IN THERAPY NEXT SIX MONTHS:

<u>GOAL #</u>	<u>GOAL</u>	<u>TARGET DATE</u>
1.	Pls. see 1 to 6 other side.	1-97
2.	Develop healthy dating union	1-97

Jehmaned
Therapist

1-16-96
Date

Kate Jh
Assistant Director

1/21/96
Date

M
Director

3-23-96
Date

THE NATIONAL INSTITUTE FOR THE STUDY, PREVENTION
AND TREATMENT OF SEXUAL TRAUMA

INDIVIDUAL TREATMENT PLAN

Patient Name MULLIS, GARY
Date 3.7.94
Therapist FUHRMAN, K
Date of First Group Attendance
8.10.93

BRIEF HISTORY OF PRESENT ILLNESS:

Pt is a 41y/o Div. W.M. & ADX. of Homosexual Pedophilia of the non-exclusive type. The Pt. had sexually molested his 5y/o adopted son from 9.92 to 4.93. He holds concern, remorse & depression assoc. & same.

Diagnosis:

AXIS I (Clinical syndromes, Major Mental Illness)

Homosexual Pedophilia of the non-exclusive type.

Adjustment Disorder & depressed & ANXIETY mood.

ego dysfunction
PSB

AXIS II (Personality, Developmental Disorders)

None

AXIS III (Physical Disorders)

Hx. of Hypertension, successfully treated & med.

AXIS IV (Severity of Psychosocial Stressors)

4 SEVERE

AXIS V (Highest Level of Adaptive Function in Last Year)

Mod. 55

GOALS TO BE ADDRESSED IN THERAPY NEXT SIX MONTHS:

GOAL #	GOAL	TARGET DATE
1.	To help Pt. control inappropriate sexual behavior.	3.95
2.	To help Pt. increase awareness of triggers & dev. A relapse prevention plan.	3.95
3.	To help Pt. increase insight into the sexual abuse.	9.94
4.	To help Pt. dev. a healthy relationship w/ son on supervised	

VISITS. 3.95

000425

000426

DESCRIBE CURRENT SEXUAL BEHAVIORAL STATUS: (include partner/s if any and intimate relationships)

None currently.

LIVING ARRANGEMENTS:

Lives w parents

MEDICATIONS PRESCRIBED BY NISPTST:

NONE

COLLATERAL TREATMENT BY NON-NISPTST PROFESSIONALS:

FREQUENCY OF ATTENDANCE:

qw

LEGAL STATUS:

COURT ORDER _____
PROBATION _____
PAROLE _____
NONE ☒ _____
OTHER _____

CONTACT PERSON _____
TELEPHONE # _____

[Signature]

Therapist

3-7-94

Date

[Signature]

Assistant Director

3/19/94

Date

[Signature]

Director

3-24-94

Date

000428